In re Application of: Gad KEREN et al

 Serial No.: 09/839,643
 Group Art Unit: 3772

 Filed: April 20, 2001
 Attorney Docket: 34948

Office Action Mailing Date: November 12, 2009 Confirmation No.: 2139

## In the Claims:

1-48. (Cancelled)

49. (Currently Amended) A method of decreasing blood pressure in a heart

chamber, comprising:

implanting a shunt between a left atrium and a right atrium of the heart, such

that a first end of said shunt resides in said left atrium and a second end of said shunt

resides in said right atrium, thereby enabling blood flow between said left atrium and

said right atrium and decreasing blood pressure in an atrium.

50. (Previously Presented) The method of claim 49, wherein said implanting is

effected by positioning said shunt through a septum of the heart and anchoring said

shunt using fixation elements attached thereto.

51. (Previously Presented) The method of claim 49, comprising allowing an

amount of blood suitable to substantially reduce blood pressure in the left atrium, to

flow from said left atrium to said right atrium via said shunt when the pressure

differential between said left atrium and said right atrium reaches a threshold.

52-58. (Cancelled)

59. (Currently Amended) A device for decreasing blood pressure in a heart

chamber, comprising:

a shunt being positionable configured for positioning within a septum between

a left atrium and a right atrium of the heart such that a first end of said shunt resides in

said left atrium and a second end of said shunt resides in said right atrium, and having

fixation elements for attaching said shunt to said septum, said shunt including a valve

being configured for being for enabling blood flow between said left atrium and said

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right atrium opening when a pressure differential between said left atrium and said right atrium is 12 mmHg or above.

60-61 (Cancelled)

62. (Withdrawn) A shunt according to claim 59, wherein the valve is purely

mechanical.

63-67. (Cancelled)

68. (Previously Presented) The device of claim 59, wherein said shunt has a

diameter of less than 5 mm.

69. (Currently Amended) The device of claim 6059, wherein said valve is

configured to allow passage of a relatively small volume of blood relative to an

ejection volume of the heart.

70. (Previously Presented) The device of claim 59, wherein said shunt has a length

not substantially greater than a thickness of said septum.

71-72. (Cancelled)

73. (Currently Amended) The device of claim 6059, wherein said valve is capable

of gradual opening and/or closing.

74-77. (Cancelled)

78. (Currently Amended) The device of claim 59, wherein saidfurther comprising

fixation elements are attached to opposite sides of said shunt and being for flanking

said septum.

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79-83. (Cancelled)

84. (Previously Presented) A method of controlled decreasing of blood pressure in

a heart chamber, comprising:

implanting a valve in a heart septum between two heart atria, such that said

valve opens responsive to a pressure level of an exacerbated state of heart failure but

not under normal pressures of systole and diastole of a normal heart.

85. (Cancelled)

86. (Previously Presented) The method of claim 84, wherein implanting said valve

in the heart comprises implanting between a left atrium and a right atrium, such that

opening said valve allows flow of blood from the left atrium to the right atrium.

87. (Previously Presented) The method of claim 84, wherein said valve is

configured to open only when the pressure in the left atrium is above a predetermined

threshold.

88. (Previously Presented) The method of claim 87, wherein said valve is

configured to open only when the pressure in the left atrium is above 12mmHg.

89. (Currently Amended) The method of claim 84, wherein implanting said valve

comprises implanting in a manner which leads blood to a right ventricle-atria of said

heart.

90-91. (Cancelled)

92. (Previously Presented) A method according to claim 84, wherein said valve allows

passage of blood therethrough only during diastole.

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93-96. (Cancelled)

97. (Previously Presented) A method according to claim 84, wherein said valve

includes a sensor for sensing a state of the heart and wherein said valve opens at least

partially responsive to readings of said sensor.

98. (Previously Presented) A method according to claim 84, wherein said valve is

configured to open when the heart suffers from an exacerbated absolute arterial

pressure or an exacerbated differential arterial pressure.

99. (Previously Presented) A method according to claim 84, wherein said valve is

configured to close after drainage of an amount of blood sufficient to reduce the mean

left atrium pressure by 5mmHg.

100. (Previously Presented) A method according to claim 84, wherein said valve is

configured to open in response to a differential pressure level between its opposite

ends.

101. (Previously Presented) The method of claim 84, wherein said valve is

implanted via a percutaneous procedure.

102. (Previously Presented) The method of claim 84, wherein said valve is

implanted in a transseptal hole.

103. (Currently Amended) A device for installation in a heart, comprising:

a shunt implantable configured for positioning withinin a septum between atria

of the heart;

a sensor adapted to sense a parameter indicative of a state of the heart; and

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a controller adapted to control flow through said shunt in response to readings from the sensor.

104. (Previously Presented) The device of claim 103, wherein said sensor

comprises a pressure sensor.

105. (Previously Presented) The device of claim 103, further comprising a valve for

regulating flow through said shunt.

106. (Previously Presented) The device of claim 105, wherein said controller opens

said valve when said sensor indicates a pressure above 12mmHg.

107. (Previously Presented) The device of claim 105, wherein said controller opens

the said valve when said sensor indicates a pressure above 15mmHg.

108. (Previously Presented) The device of claim 105, wherein said controller opens

said valve when said sensor indicates a pressure above 20mmHg.

109-112. (Cancelled)